Case 22-18303-JKS Doc 61-2 Filed 01/11/23 Entered 01/11/23 12:19:20 Desc Exhibit 2 UCC Page 1 of 3

	FONTACT AT FIL NANCE CORPO DIGMENT TO: (Nai FIVE FINANCE MILTON CROSS	ER [optional] DRATION 3 ne and Address) CORPORATION	17-843-4777	Depa	ortment Division UCO 1 ng Nun	New Jersey of the Treasury of Revenue Section Filed aber:50483822		
				THE ABOVE SPAC	ACE IS FOR FILING OFFICE USE ONLY			
DEBTOR'S EXACT 1a. ORGANIZATION'S	FULL LEGAL NAME	-insertonly <u>one</u> debtor name (1a or 1b)-	da not abbreviate or combine na	mes				
COSTAS AUT	O GALLERY							
15. INDIVIDUAL'S LAS	TNAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
MAILING ADDRESS			LOTT!					
75 GARDEN STI	REET		ELIZABETH		STATE NJ	POSTAL CODE 07202	COUNTRY	
SEEINSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGA	NIZATION		NIZATIONAL ID #, if an		
	ORGANIZATION DEBTOR	Limited Liability Compan	, NJ		-		NO NO	
ADDITIONAL DEBT	OR'S EXACT FULI	LEGAL NAME - Insert only one det	btor name (2a or 2b) - do not al	bbreviate or combine nar	nes			
2a. ORGANIZATION'S BAV AUTO L.								
26, INDIVIDUAL'S LAS			FIRST NAME		MIDDLE	NAME	SUFFIX	
MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
75 GARDEN STR		1. 7.00.00	ELIZABETH		NJ	07202	US	
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2a. TYPE OF ORGANIZATION Limited Liability Company	2f, JURISDICTION OF ORGA	NIZATION	2g. ORG	ANIZATIONAL ID#, if any		
SECURED PARTY		TOTAL ASSIGNEE of ASSIGNOR SIP)	<u> </u>			****	X NON	
3a. ORGANIZATION'S	NAME		-msercomy <u>una</u> secured party m	ame (satu so)		102		
35. INDIVIDUAL'S LAS	FINANCE COR	PORATION	1					
ISB. INDIVIDUAL SEAS	II NAME		FIRST NAME	MIDDLE NAME		SUFFIX		
MAILING ADDRESS			CITY	·	STATE	POSTAL CODE	COUNTRY	
WW.AFCDEALE	R.COM, 13085	HAMILTON CROSSING B	CARMEL		IN	46032	US	
uipment, fixtures, oney; software; su cessions, accessori	and properties winventory, and of pporting obligations, and replacements and replacements.	therever located, including with the goods; general intangible must and titles, now owned or ents of the foregoing, and (c) owned or hereafter acquired	es; instruments; insurar hereafter acquired by all of debtors comput	ice policies; inves debtor (b) any an	tment p	roperty; letter of c	redit rights;	

Case 22-18303-JKS Doc 61-2 Filed 01/11/23 Entered 01/11/23 12:19:20 Desc Exhibit 2 UCC Page 2 of 3

				TA ME	
JCC FINANCING STATEMENT AMENE COLLOW INSTRUCTIONS	OMENT	2010	11 -8 F	⊃ II: 35	
A. NAME & PHONE OF CONTACT AT FILER (optional)		7			
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
Automotive Finance Corporation www.afcdealer.com					
13085 Hamilton Crossing Blvd, Suite 300					
Carmel, IN 46032	1				
<u> </u>				OR FILING OFFICE USE	
a. INITIAL FINANCING STATEMENT FILE NUMBER 50483822 04/03/2013		(or recorded) in	the REAL ESTATI	MENDMENT is to be filed [for E RECORDS	
. TERMINATION: Effectiveness of the Financing Statement ide Statement	ntified above is terminated w	rier: attach Ame vith respect to the secu	indiment Addendum (F unity interest(s) of S	Form UCC3Ad) and provide Det Secured Party authorizing th	tor's name in i is Terminatio
ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate	tem 7a or 7b, <u>and</u> address of e affected collateral in item 8	Assignee in item 7c a	nd name of Assign	or in item 9	
CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	dentified above with respect	to the security interest	l(s) of Secured Par	rty authorizing this Continua	tion Stateme
PARTY INFORMATION CHANGE:					
Check one of these two boxes; AND	Check one of these three bo	oxes to:	ADD name: Com	plete item DELETE name	Citya Pagasal
Check one of these two boxes: This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	ddress: Complete 7a or 7b and item 7c	ADD name: Comp 7a or 7b, and item	plete itemDELETE name 17cto be deleted in	: Give record i item 6a or 6t
Check one of these two boxes; AND	CHANGE name and/or a item 6a or 6b; and item 7	ddress: Complete 7a or 7b and item 7c	ADD name: Com; 7a or 7b, <u>and</u> item	plete item DELETE name 7c to be deleted in	: Give record litem 6a or 6t
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FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

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	Exhi	bit 2 UCC	Page	e 3 of 3	

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS		_				
A. NAME & PHONE OF CONTACT AT FILER (optional) CHRISTEL MACKENZIE	3177063483		State of New Jersey Department of the Treasury			
B. E-MAIL CONTACT AT FILER (optional) CHRISTEL.MACKENZIE@AUTOFINANCE.COM		Division of Revenue & Enterprise UCC Section				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Filed			
CHRISTEL MACKENZIE		Filing	g Number:50483822			
13085 HAMILTON CROSSING BLVD SUITE 300\ CARMEL, IN 46032		10	0/09/17 10:10:30			
US						
 		THE ABOVE SPACE	CE IS FOR FILING OFFICE	USE ONLY		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 50483822		(or recorded) in the REAL	IENT AMENDMENT is to be file ESTATE RECORDS endum (Form UCC3Ad) <u>and</u> provid			
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated v					
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affected.			Assignor in item 9			
4. X CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	I above with respect	to the security interest(s) of Secu	red Party authorizing this Con	tinuation Statement is		
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes:	one of these three both	address: CompleteADD name	e: Complete item DELETE	name: Give record name		
This Change affects Debtor or Secured Party of record item 6. CURRENT RECORD INFORMATION: Complete for Party Information CI	m 6a or 6b; and item		and item 7c to be dele	ted in item 6a or 6b		
6a. ORGANIZATION'S NAME	nange - provide only	one name (oa or ob)				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAI	L(S) SUFFIX		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infor	rmation Change - provide	only one name (7a or 7b) (use exact, full nar	ı me; do not omit, modify, or abbreviate ar	ny part of the Debtor's name)		
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX		
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY		
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral		
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provious	AMENDMENT: F		ame of Assignor, if this is an Ass	signment)		
9a. ORGANIZATION'S NAME						
AUTOMOTIVE FINANCE CORPORATION OR OLUMBURGUE SURVANE				I		
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAI	L(S) SUFFIX		
10. OPTIONAL FILER REFERENCE DATA:						

430596CM BAV AUTO L.L.C.